

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Sept. 18, 2019 Case Number: 20-24

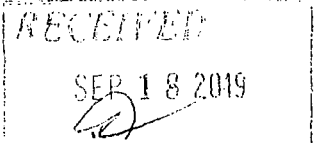
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Jenny Bauman DAN Moezzi
Premise Name: Phoenix Veterinary Referral Emergency
Premise Address: 4015 E. CACTUS RD
City: Phoenix State: AZ Zip Code: 85032
Telephone: 602-765-3706

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Shirley Boren
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Snappy Griffin
Breed/Species: Chihuahua 6 LBS
Age: 15 years sex: female Color: Brown

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

1. Dr. Lieberman @ Banfield hospital
1745 W. Bethany, PHX AZ 85015
602-249-3100
"Banfield was closed 7/6/19"
2. Dr. Jenkins @ ALTA VISTA hospital
4706 N. 7th Ave PHX AZ 85013
602-277-1464
"And 7/7/19 so took Snappy to ALTA VISTA"

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Jack Griffin

Jack is my son, special needs, owner of Pet.
I am his care giver.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Shelly Boren

Date: 9-9-2019

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See ATTACHED LETTER for Complete Complaint. 4 Pages.

High Lighted issues.

1. Intake Nurse said
No Visitors. After PET is Admitted
When we Ask To see our PET before we Left her.
After PET died, was Told This was Told in Error.
2. "STAT" on ULtra Sound To
determine Where PET was bleeding
Scheduled to be done 8:30 Sun morning 7/7
Was Never performed.
After death of PET was Told ULTA Sound
was NOT Available UNTIL Monday 7/8
had They Told me This
my decision would be Take PET That
Could Provide This Service To
Another hospital.
3. ASKING for Refund of Part of Payment
of \$1,663.00

my Name is Shirley Boren, I Am A Care Giver
To my son Jack Griffin, of Special Needs
A 55 years old man who is owner of
PET. in question. "Snappy Griffin"

On July 6 Took my PET, Snappy, To Phoenix Vet
Referral Emergency hospital, @ 9:30 PM.

Referred by ALTA Vista hospital To Get A
ULTRA Sound And Blood Transfusion, STAT,

ALTA Vista Could not Provide Services because
They did not have Proper ULTRA Sound Equipment
And could not give blood transfusion because
of their hours of closing was 10:00 PM.

PET Needed 24 hour Service for Transfusion.

Records was sent To Phoenix Vet Emergency.

Entering Phx Vet Emergency we was greeted by
A "person" who took PET back in Room. Dr. Bauman
Put us in Room when over what she could do And would
do. Based on ALTA Vista Records of Blood work. She
ordered ULTRA Sound for 8:30 Next morning, she STATED
was going to start Blood Transfusion. Tonight.

Gave me A paper To Sign of what she would be doing
And COST of \$2000.00 plus if all was needed

I Signed To Get Started, They ASK For 75% down
I put on Bay A Card. I ASK for A Copy, was TOLD
they send (mail) me A Copy. I never got that copy
After PET Death was mailed A copy that had been
changed. with final fees.

Page 2

We ASK if we could say Goodbye To PET.
Nurse Said No Visitors Allowed once Dog was
Admitted. I didnt understand That but
Agreeded for her To hold PET Thru Door for us
To Kiss PET. We Left.

I was Told No VISTors but Could Call To Check
on PET.

They would Call with updates.

We received ~~NO~~ Calls on Any updates
I Called 5 or 6 Times, Each Time A Doctor
Came on phone with Everything was Good. Thats All.

Took Blood Transfusion Well, ULTRA Sound would be
done Sunday. The 8:30 Call I made on July 7 ASK
About ULTRA Sound, I was Told to be done

Later in day because She wa doing good
with Transfusion. I was never Told The ULTRA
Sound machine was NOT Available until Monday.
Each Time I Called PET was Good.

UNTIL my 3:30 CALL on July 7 To hospital.

Dr Dan moe zzi Told me All was Good

he mentioned Changing Seizure pills ?

he mentioned Steroids Given ?

he mentioned Blood CLOTS ? ULTRA Sound To be done
What was he saying ?

AT 3:45 First Call from Vet hospital Came in To
my home Dr. moe zzi said Cant get A heart beat.

hung up we drove To hospital, was greeted
by A person with No Comments. Dr, Could not Even
look us in the eye, "just Said No body Expected
his To happen, Sonny"

Page 3

He Left. Nurse Came in with Pet in a blanket
And handed my Son A Dead Dog. our beloved Pet.
I didn't understand

How Could my Son of Special needs
Know what To Expect.

We Still have nightmare of This
Scene. "So Cold, So uncaring"

"Picture Attached"

I ASK why? I ASK what happened?

I ASK why was we NOT called?

I ASK why was we NOT Allowed To
Visit To Say Goodbye?

She said she was sorry, we could have
visited, we was misinformed by The
Nurse. That we was NOT Allowed To Visit.
Nurse was new and didn't know The Rules.
We could have visited our Pet. She said
meeting was held for staff and this
would not happen again. But my Pet is Dead!

"We Could not believe what she was saying"
This is ALSO why we didn't get A copy of
Signed Agreement on July 6;

Nurse ALSO said Ultra Sound was never done
promised because the machine was NOT
available on weekends!!

Why was I NOT Told This, I would have
taken Pet To Pearl Emergency, Another

Page 4

24hr hospital for Treatment Needed.
Nurse did say "Sorry for These Mistakes
IT WONT happen Again!

No one Knew why, how, or why PET died.
ONLY What They Suspected.

No one would Take my Calls AT hospital
I CONTACTED Dr Anthony Loomis, head Doctor
of PET VET Owner ships. Located in Another
STATE. Phone # 1-732-300-2679

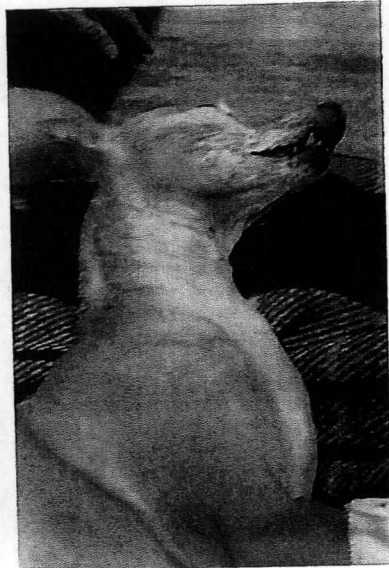
We Talked Couple Times

He LISTENED To my Concerns, he followed up
with me on his research And said he was
Sorry of The Errors And IT would not happen
Again. He Admitted Errors was made by nurse
statement. And he didnt know if
ULtra Sound would make Any difference !! what !!
he was Sorry ULtra Sound was not Done!
he was refunding my Son \$175.00 in Good faith, because
of The mistake of not GETTING Proper Goodbye.
We Talked About TAKING Son out for A nice dinner
And maybe A Lego set.

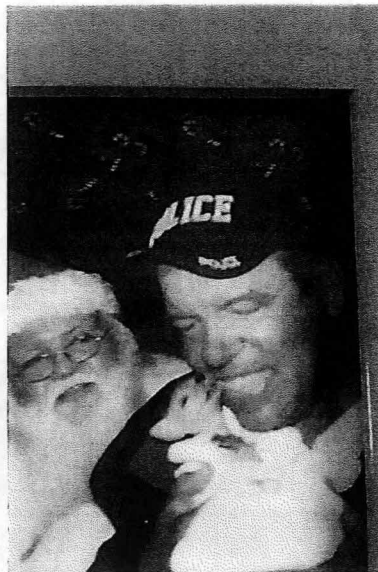
I did Tell Dr Loomis I had disputed The
charge With B of A. for Inappropriate Services.
he believed \$175.00 was justified.

Remember, ITS NOT just That our beloved PET
died. ITS The unknown, ITS The Services fell
through The cracks, ITS The unqualified Knowledge
of The "Nurse" or Staff. JUST The way IT ALL
happened. We have No Closure. Im ASKING
Refund paid In Amount of \$1,663.00

R.L.O. B.



← at hospital
when nurse
handled Jack
this pet



← When
we
Got
our
pet

**Phoenix Veterinary Referral and Emergency
4015 East Cactus Road
Phoenix, AZ 85032
(602) 765-3700**

Investigative Division
Arizona State Veterinary Medical
Examining Board
1740 West Adams Street, Suite 4600
Phoenix, AZ 85007

Attention: Tracy Riendeau, CVT

20-24, In Re: Daniel Moezzi, DVM

Dear Ms. Riendeau:

I received your September 20, 2019 correspondence concerning the complaint voiced by Shirley Boren about our care of her 15 year old Chihuahua, "Snoopy". I appreciate the extension of time you gave me to respond to your correspondence. Enclosed please find all of the medical records generated by our hospital concerning the care of Snoopy. Additionally, enclosed please find statements from our hospital's Kelly Tuohy and our Medical Director, Anthony Loomis, DVM. With respect to your request for a response regarding my position on this case, please be advised as follows.

I began my shift at 7:00 a.m. on July 7, 2019. Prior thereto, on the evening of July 6, 2017 Snoopy (15 Y/O, F/S Chihuahua), had been hospitalized at Phoenix Veterinary Referral and Emergency ("PVRE"). Snoopy had been transferred from Alta Vista Animal Hospital where her lab work revealed a severe anemia, elevated bilirubin, and BUN.

The Chihuahua had a history of seizures which was being treated with Phenobarbital. On the evening before my shift Snoopy was stabilized and received a packed red blood cell transfusion. Pre- and Post-transfusion PCV/TS was 12%/8.0 and 15%/9.6 respectively. Saline agglutination was positive. Spherocytosis was noted on a blood smear. Snoopy was started on Pantoprazole, Denamarin, and continued on Phenobarbital and transferred to me at approximately 7:00 a.m.

Upon my initial examination, I found Snoopy QAR with a grade 2/6 heart murmur, icteric MM. I contacted Ms. Boren that morning and discussed Snoopy's history, presumptive diagnosis and reiterated a risk of starting Dexamethasone SP due to recent Rimadyl. Still, it was my recommendation that we should begin that treatment as Snoopy's diagnostics were more supportive of IMHA. We also discussed that IMHA can occur due to Phenobarbital. We discussed switching to a different anticonvulsant. We further discussed how other causes could include GI ulceration or Neoplasia.

Given Snoopy's IMHA, I certainly considered putting her on antithrombotics. However, because she had recently been given Rimadyl, and there was some concern about a GI bleed, I did not want to risk prolonging any possible GI bleed. Also, if Snoopy's IMHA had been due to a

neoplastic condition, and the dog was to undergo surgery, we did not want Snoopy to be put at a higher risk of bleeding. Obviously, the ultrasound could have ruled out a cancerous process.

As stated by Ms. Boren, our hospital's Dr. Bauman had previously discussed an ultrasound with the owner. The ultrasound was discussed in order to further rule out GI ulcer or Neoplasia, and to determine if there was any other cause for the IMHA. Snoopy's PCV/TS at 1:00 p.m. was 16%/8.8. Due to the stable PCV, Snoopy was started on immunosuppressive dose of Dexamethasone SP at 1:00 p.m..

Snoopy was monitored throughout the day on the July 7th with the dog resting comfortably. There was mild hypotension and hypothermia noted approximately at 1:00 p.m. Snoopy was started on heat support and received an IV crystalloid bolus and rechecked systolic BP was 100 MMHg.

However, at 3:45 p.m. our ICU nurse reported that Snoopy was not breathing and did not have an auscultable heart beat. Snoopy was immediately moved to the treatment room, intubated and CPR was initiated. Ms. Boren was contacted during the code and asked to come to the hospital. Upon her arrival I spoke with Ms. Boren and advised her that we had been doing CPR for 15 minutes and that the likelihood of return to spontaneous circulation was low. Ms. Boren elected to terminate the CPR.

Discussing with Ms. Boren the possible causes of this incident I told the owner that I suspected that this was due to a clot, and unlikely her anemia. Ms. Boren also inquired whether switching anticonvulsants could have been related to this incident. I told Ms. Boren that Snoopy had never received a new anticonvulsant, but had been scheduled to receive a new anticonvulsant that evening. Snoopy had received her Phenobarbital earlier in the morning.

From a medical standpoint, Ms. Boren's complaints appears to focus on the scheduling/performance of an ultrasound. Again, the ultrasound had been included in a plan put together prior to my shift by Dr. Bauman. Ms. Boren maintains that the ultrasound had been ordered "STAT". However, as you can see from the enclosed, Dr. Bauman specifically noted: "Abdominal ultrasound is pending 7/7/19 **if Dr. Roth is available.**" Dr. Roth is our hospital's DACVR. I was not privy to any conversations that Dr. Bauman and Ms. Boren may have had regarding the timing of the ultrasound.

Dr. Roth had been contacted with the tentative plan to have ultrasound performed in the evening. While I am uncertain as to why the ultrasound did not go forward earlier on July 7, 2019, I must assume that Dr. Roth was not available earlier on July 7, 2019. As you can see from my 7/7/19 1:23 p.m. note we were still "waiting on the ultrasound". However, I am obviously of the opinion that no causal connection existed between the absence of an ultrasound and Snoopy's 3:45 p.m. death on July 7th. Again, given Snoopy's condition, I felt that this incident was most probably due to a thromboembolism. However, I admit that this opinion is somewhat speculative.

The remainder of Ms. Boren's complaint appear to address administrative issues. Please know that Ms. Boren's complaints regarding her ability to see the hospitalized Snoopy were not made known to me until after Snoopy's death. Obviously, I play no part in any claimed "no visitors" policy. I was never made aware that, prior to her leaving the hospital, Ms. Boren had requested to see Snoopy. Again, any such request took place prior to my arrival at the hospital that morning.

I also was never made aware of Ms. Boren leaving messages for a doctor to return her call regarding Snoopy's condition. If these messages were taken on my shift, as I make it a firm practice to do, I would have returned these calls. Still, without receiving a message, it should be noted that I called the owner during my shift to discuss Snoopy's condition. I have no recollection of Ms. Boren inquiring about an ultrasound during this telephone call.

With regard to billing, I play absolutely no part in this administrative activity. Dr. Loomis' and Ms. Touhy's enclosed statements speak to the disputes over billing. I can only assume that the owner's complaint is at least somewhat financially motivated. It appears that a "good faith refund in the amount of \$175" was provided to the owner.

Obviously, I was very sorry to see Ms. Boren lose her Snoopy. I am well aware of the strong emotional bonds that develop between owners and their companion animals. This owner has my sincere condolences.

However, I take this matter seriously, have re-reviewed all of the enclosed medical records, and have discussed the issues contemplated by this case with colleagues. It is my firm opinion that all of the care provided to Snoopy on the 6th and 7th of this past July complied with the standard of care. Still, again, Ms. Boren has my sympathies.

Respectfully,

A handwritten signature in cursive script, appearing to read "Dan Moezzi", with a stylized flourish at the end.

Daniel Moezzi, DVM



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1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook – Compliance Specialist
Mary Williams - Assistant Attorney General

RE: Case: 20-24
Complainant(s): Shirley Boren
Respondent(s): Daniel Moezzi, D.V.M. (License: 6889)

SUMMARY:

Complaint Received at Board Office: 9/18/18
Committee Discussion: 12/3/19
Board IIR: 1/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On July 6, 2019, "Snoopy," a 15-year-old male Chihuahua was presented to Alta Vista Animal Hospital for evaluation. The dog was ataxic and hyporexic. Blood work revealed anemia and possible IMHA – hospitalization was recommended and declined. The dog was discharged. The dog returned later that evening due to his condition worsening and recommendations were made for the dog to be seen at an emergency facility.

The dog was presented to Respondent for evaluation on emergency; the dog was hospitalized for treatment and diagnostics, including blood transfusion and possible ultrasound.

The following day, the dog passed away.

Complainant was noticed and appeared.

Respondent was noticed and appeared with Counsel, W. Reed Campbell.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Shirley Boren*
- Respondent(s) narrative/medical record: *Daniel Moezzi, DVM*
- Consulting veterinarian(s) narrative/medical record: *Alta Vista Veterinary Hospital*

PROPOSED 'FINDINGS of FACT':

1. On July 6, 2019, the dog was presented to Dr. Jenkins at Alta Vista Veterinary Hospital. Complainant reported the dog had been unable to walk for 3 days, had a humped back, and was unable to keep balance when standing – there was no interest in eating and drinking was disoriented and lethargic. Complainant further stated that the dog was seen at Banfield the previous day for a dental. The dental was unable to be performed due to elevated liver values. The dog started Rimadyl 25mg chewable that day and was on Phenobarbital to control seizures.

2. Dr. Jenkins examined the dog and recommended blood work. Complainant stated that blood work was performed at Banfield and she was waiting for the results, but approved radiographs and a PCV and TP at that time. PCV = 14%; TP = 8.0; Dr. Jenkins strongly recommended performing additional blood work to help diagnose the cause of the dog's anemia – Complainant agreed. Based on the blood results, Dr. Jenkins was concerned for either a GI bleed or red cell destruction, such as IMHA or red cell aplasia. He recommended hospitalization for a blood transfusion; Complainant declined and wanted to treat the dog on an outpatient basis. Dr. Jenkins did not want to send the dog home on high doses of prednisone and elected to treat for a GI bleed. He advised Complainant that the dog may have a disease that may require prednisone to treat and the dog could die from his current state. The dog was administered 100mLs of SQ fluids, famotidine and Cerenia and discharged with sucralfate and famotidine tablets. A prescription was also written for gabapentin and it was recommended that the dog be rechecked the next day.

3. Later that day, the dog was presented to Dr. Fraser at Alta Vista Veterinary Hospital. The dog was lethargic, pale and falling over. Since the premises was closing soon, Dr. Fraser recommended taking the dog to a 24 hour emergency hospital.

4. That evening the dog was presented to Dr. Bauman at Phoenix Veterinary Referral and Emergency. Complainant reported that the dog had been ataxic, crying out at home and anorexic for the past three days. The dog was seen at Banfield with similar signs and was prescribed Rimadyl – Complainant stated she was told the dog was fine. The dog had an episode at home where the dog stopped breathing, rolled over and stretched. The dog was currently on phenobarbital, denamarin (due to phenobarbital administration), Rimadyl and heartworm medication.

5. Upon exam, Dr. Bauman found a weight = 3.22kg, a temperature = 100.7 degrees, a heart rate = 150bpm and a respiration rate = 18rpm; BP = 142 and mucous membranes were white. A grade I-II/VI heart murmur was noted along with moderate generalized ataxia and dull mentation. Complainant signed a critical assessment authorization; an IV catheter was placed and blood was collected (severe anemia, elevated BUN, leukocytosis, neutrophilia) and radiographs were performed (normal geriatric thorax, enlarged liver).

6. Dr. Bauman discussed the exam abnormalities with Complainant and outlined the differentials, specifically IMHA, including possible causes, prognosis, treatment, and diagnostic recommendations. An estimate of care was created which included, 24 hours of hospitalization, additional diagnostics, and pRBC transfusion. Dr. Bauman also discussed the possibility of an ultrasound, although the radiologist would need to be contacted in the morning to check

availability. Complainant approved the estimate.

7. Dr. Bauman stated that Complainant visited with the dog in the exam room prior to the initiation of treatment. According to Complainant, she was told that they could not visit the dog once admitted however, technical staff allowed Complainant to kiss the dog while she held the dog through the door.

8. At midnight (7/7/19), Dr. Bauman updated Complainant advising that based on blood work, IMHA was her conclusion. She could not rule out GI bleed but with proteins high, it was less likely. The dog was currently getting a blood transfusion and was tolerating it well. The ultrasound would be determined the next day after contacting Dr. Roth. Complainant would be updated in the morning.

9. At 3:30am, Dr. Bauman documented that the dog's PCV = 19%. Due to limited improvement, she elected to administer additional pRBCs. The dog did appear brighter than on presentation but remained ataxic when ambulating.

10. The dog was receiving Plasmalyte, pantoprazole and phenobarbital. Dr. Bauman wanted to discuss with Complainant about reducing the dog's dose of phenobarbital, if possible; she felt it was a very high dose. Dr. Bauman wanted to start dexamethasone later that day – administration was delayed due to Rimadyl administration by Complainant. The dog's care was transferred to Dr. Moezzi, Dr. Bauman's associate, at 7:00am.

11. Dr. Moezzi examined the dog and found a weight = 3.22kg, a temperature = 98 degrees, a heart rate = 100bpm and a respiration rate = 20rpm; mucous membranes = icteric. The dog was quiet and responsive with a grade I – II/VI heart murmur; scleras were icteric and ambulation was normal. Dr. Moezzi stated that he called Complainant to discuss the dog's presumptive diagnosis of IMHA and starting dexamethasone sodium phosphate. They discussed that IMHA can occur due to phenobarbital therefore it was discussed switching to a different anticonvulsant. Other causes discussed included GI ulceration and neoplasia. Anti-thrombotics were considered, however since the dog had been recently given Rimadyl, there was some concern for GI bleed; Dr. Moezzi did not want to prolong any GI bleed. If the IMHA was due to a neoplastic condition and the dog was to undergo surgery, he did not want the dog to be put at a higher risk of bleeding. An ultrasound could have ruled out a cancerous process.

12. Dr. Moezzi stated in his narrative that Dr. Bauman discussed an ultrasound with Complainant to further rule out GI ulcer or neoplasia, and determine if there was any other cause for the IMHA.

13. At 1:00pm (according to the treatment sheet), the dog's PCV = 16% and TP = 8.8. Dr. Moezzi administered the dog Dex SP 4mg/mL (0.23mLs) - 0.9mg IV. The dog had a temperature = 97.6 degrees, a heart rate = 120bpm, a respiration rate = 36rpm and a BP = 94mmHg. Due to the blood pressure, the dog was bolused 60mLs of Plasmalyte and placed on heat support, blood pressure increased to 100mmHg.

14. Dr. Moezzi noted that he spoke to Complainant; the dog did not appear more clinical for his anemia at that time and vitals were within normal limits. The plan was to continue to monitor the

PCV every 4 – 6 hours. Dr. Moezzi explained that he suspected the underlying disease was IMHA and they should continue treatment as such until further diagnostic information was obtained via abdominal ultrasound. He further suggested discontinuing phenobarbital and switching to keppra that evening.

15. At 3:45pm, the dog was found unresponsive and CPR was initiated. Dr. Moezzi contacted Complainant to advise her of what transpired. He explained that he did not think the arrest was from the low blood count but suspected it was from a clot to the dog's brain which is a complication of IMHA. CPR was continued and Complainant headed toward the premises.

16. After Complainant arrived, Dr. Moezzi met with her. She asked how this happened. Again Dr. Moezzi stated that he suspected that the dog had a clot, and it was unlikely due to the anemia. Complainant was concerned that it was due to the change of anticonvulsant medication – Dr. Moezzi stated that the medication had not been changed, the plan was to switch to keppra that evening. Complainant elected to discontinue CPR and visit with the dog.

17. Complainant was concerned that an ultrasound had not been performed. Dr. Moezzi stated in his narrative that Dr. Roth had been contacted with a tentative plan to perform the ultrasound that evening – he assumed Dr. Roth was unavailable earlier. He did not feel an ultrasound would have changed the outcome and believes the incident was likely due to a thromboembolism.

18. Complainant was also upset that they were not allowed to visit the dog prior to hospitalization. Technical staff advised Complainant, after the dog died, that she had been told that in error that evening and the team has been educated on their visitation policy.

COMMITTEE DISCUSSION:

The Committee discussed that from a medical standpoint the case was managed appropriately. Complainant believed that since an ultrasound was not performed, something wrong had occurred. The treatment the dog received, based on the lab results, was proper with or without an ultrasound. However, an ultrasound might have determined if there was a neoplasia in the abdomen. AIHA or IMHA can be caused by any number of factors. The dog's condition was serious; not only was she anemic, there were other abnormalities as well.

Communication is a key element and according to the medical records, the Communication was adequate, however, it could always be better. The Committee did not feel it rose to the level of a violation.

The Committee understood the concerns and sympathized with Complainant regarding the uninformed staff member giving out inaccurate information regarding visitation policies. It appears that the premises made changes with respect ensuring staff was aware of visitation policies due to this incident.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

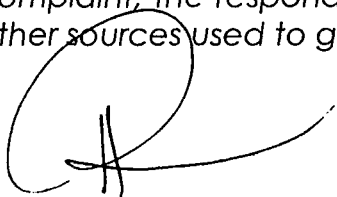
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division